



San Francisco  
Health Network

# Jail Health Services: a system of care for incarcerated people

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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH





# Overview of Presentation

- I. **Overall mission and health services provided at the county jails:** collaboration with San Francisco Sheriff's Office (SFSO)
- II. **Service models:** physical health, behavioral health, and reentry planning
- III. **Staffing:** healthcare team responsible for providing care to people in custody
- IV. **True North Measures:** overview and focus on opioid OD prevention and opioid use disorder treatment



# Mission of Jail Health Services (JHS)

- **Mission Statement:**

**To provide comprehensive, compassionate and respectful care for incarcerated people while mitigating the effects of structural racism and historical injustices as a fully integrated and collaborative member of SFDPH.**

- **Incarceration as a Public Health issue:**

- Resolution adopted by the SF Health Commission on March 24, 2019
- DPH demonstrates the critical role of public health to prevent criminal justice involvement and address its negative effects
- Social, economic, and environmental determinants of health predict criminal justice involvement
- Criminalization of race, homelessness, and poverty, substance use disorders and mental illness leads to incarceration



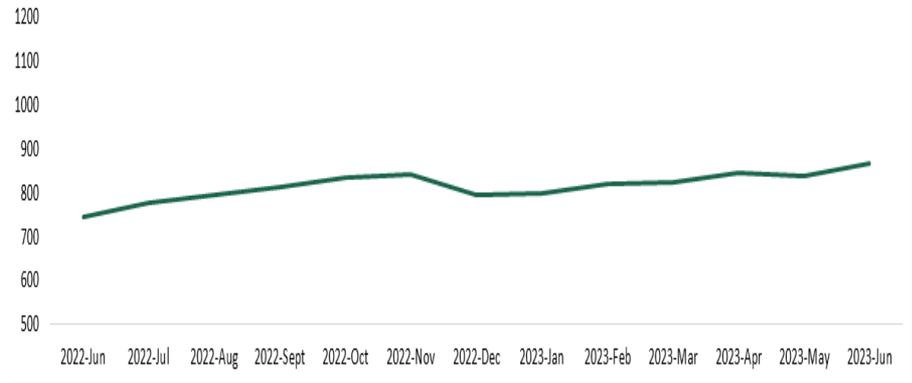
# JHS Collaboration with SFSO

## Collaboration with SFSO

- All access to patients is controlled by SFSO
- Requires close collaboration and strategic alignment between JHS and SFSO

Though the SF County Jail is one operational entity, there are unique features of each jail location:

Average Daily Population Last 12 Months



### County Jail 1 (CJ1)

- Intake and release jail – new arrestees, people being discharged

### County Jail 2 (CJ2)

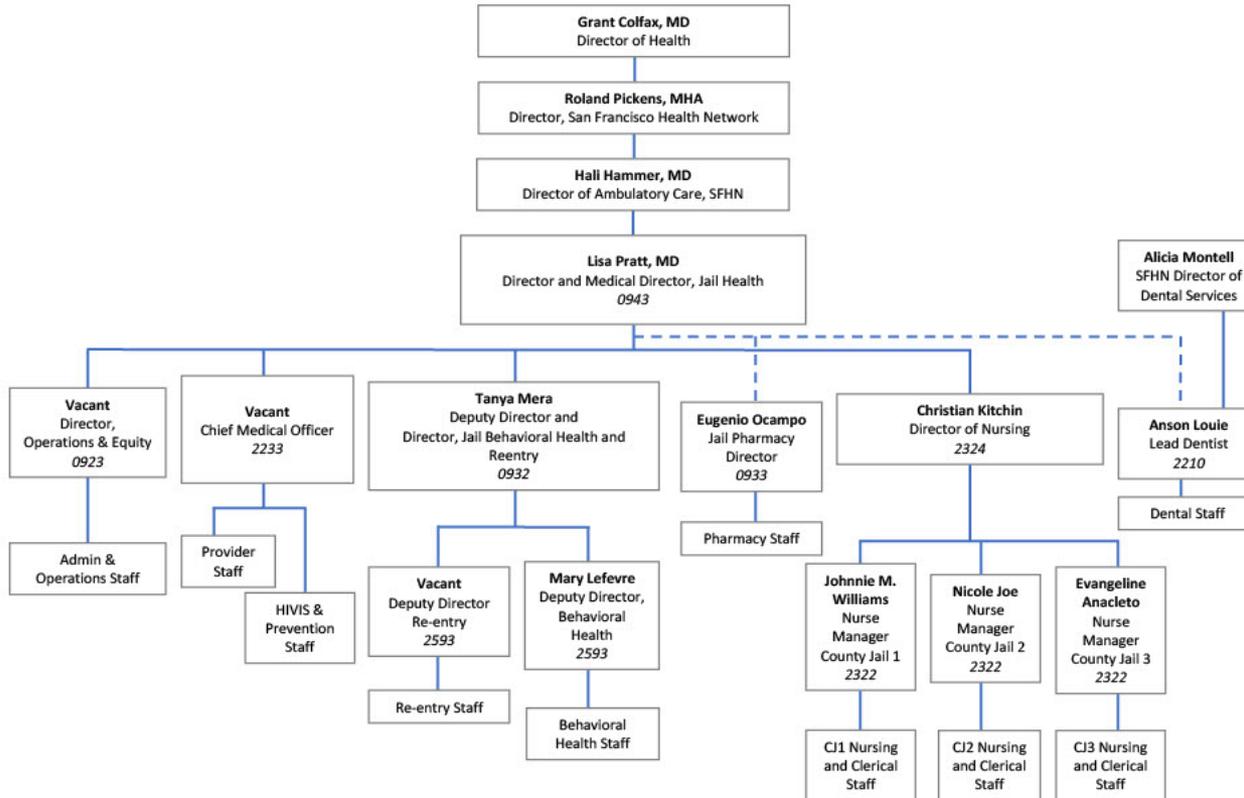
- All newly incarcerated, including
  - medically supported withdrawal, e.g., alcohol, opioids, methamphetamine; and
  - isolation/quarantine for communicable diseases, e.g., COVID-19, MPX, influenza
- Highest level acuity for psychiatric and medical conditions with specialized infirmary
- All cis- and trans- women

### County Jail 3 (CJ3)

- People likely to stay in jail for longer periods
- Specialized psychiatric and medical housing



# JHS Organizational Structure





# Service Model: Physical Health

## Intake and Screening

- Identify injuries or illness that would preclude safe housing with the general jail population

## Urgent care

- Stabilize untreated conditions, especially those that have been exacerbated by homelessness, substance use, and mental illness. Dental and podiatric urgent care provided in the jails.

## Primary Care

- Assume primary care responsibilities for those who remain in jail and link to ongoing care on discharge

## Infection Control

- Intensive screening and isolation or quarantine for communicable diseases such as COVID-19, MPX, influenza, and tuberculosis

## Acuity Similar to Long-term Care Facilities

- All meds nurse administered individually, and staff provides IV antibiotics, complex wound care, other office-based procedures. Limited access to real time diagnostic capability (labs, imaging, etc.)

## Higher Level of Care

- Inpatient, emergency, and specialty care provided exclusively at ZSFG

## Special Medical Programs

- Obstetric care for pregnant people on site
- HIV screening and education, specialty care, and linkage to ongoing care
- HCV screening and curative treatment for hepatitis C
- STI screening and treatment at intake
- Overdose prevention education and naloxone demonstration and distribution
- Substance Use Disorder screening, treatment and linkage



# Service Model: Behavioral Health

## Intake and Screening

All people screened on intake for history of mental illness, psychiatric medication use, substance use, and suicidality

## Mental Health

Care in the jails: psychiatry, individual and group treatment, screening and assessment, and crisis intervention

## Substance Use Disorder

Care in the jails: individualized treatment plans include medications for addiction treatment (MAT), abstinence models (12-step, AA, NA), BHS support

## Full spectrum of care is available and includes:

- General population with behavioral health support
- Specialized psychiatric housing (PSLU)
- Psychiatric observation housing (most acute in jail)
- ZSFG 7L – inpatient jail psychiatric unit



# Service Model: Reentry Planning

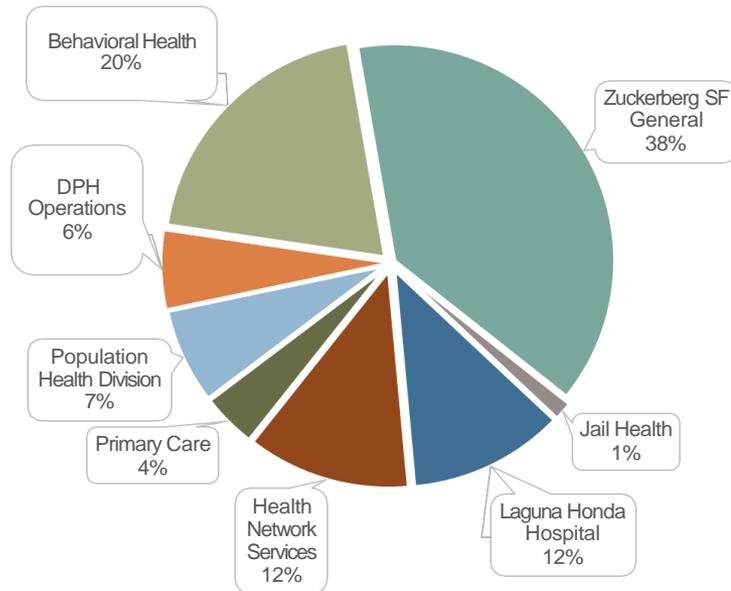
## Discharge Planning:

- **Strategies vary** depending on length of stay
- Require **close collaboration with criminal justice and community partners**
  - *Sheriff, Probation, Pre-Trial Diversion, Public Defender, DA, Behavioral Health Services, and others*
- Focus is on **continuity of care and setting individuals up for successful reintegration** into the community.
- **Full spectrum of services are available** to support individuals at release
  - *Range from providing discharge medications and a cab ride to initiation of a conservatorship and placement in a locked psychiatric facility.*
- Vast majority of **complex discharge plans are done through treatment courts** where Reentry staffs two
  - *Mental Health Diversion and Behavioral Health Court*
- **Linkage to treatment (MH, SUD, physical) is a collaborative effort** with multiple stakeholders
  - *Jail Health initiates referrals and provides warm hand-offs*

**CaAIM implementation will create opportunities for reimbursement for discharge planning and enhance services and supports for people exiting carceral settings.**



# DPH Budget FY23-24

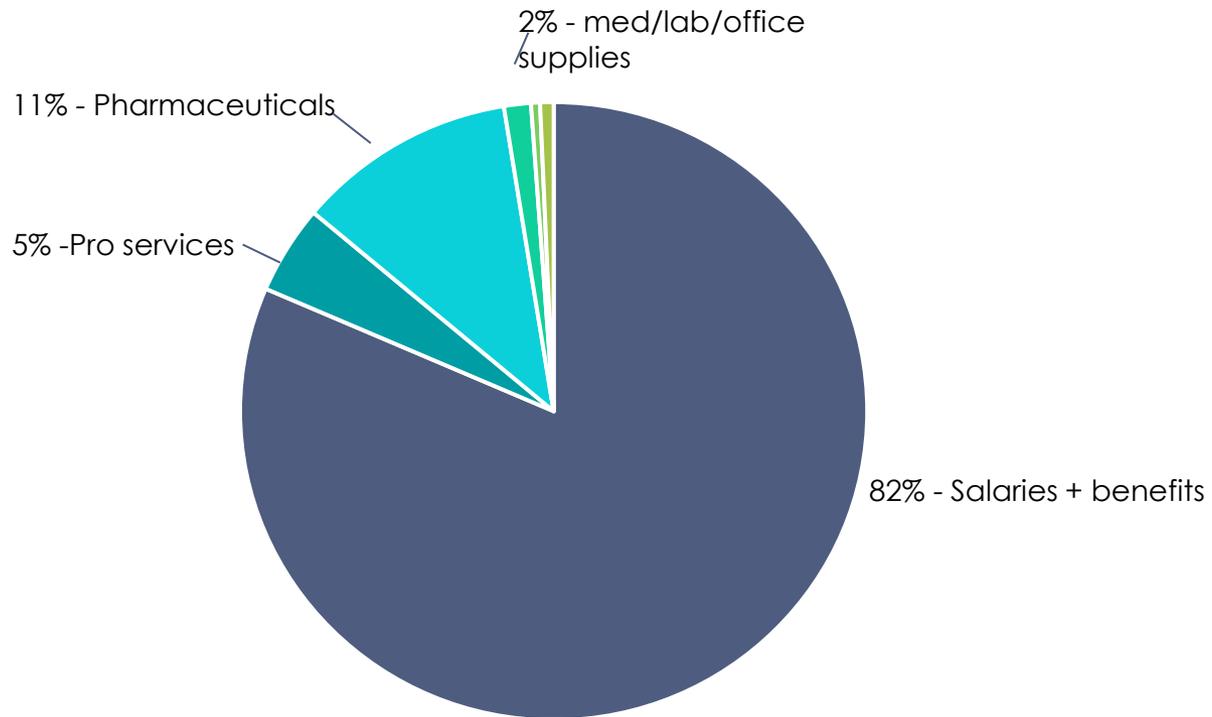


DPH Division	FY23-24 Budget	FTE
Zuckerberg SF General	1,204,370,000	2,971
Behavioral Health	763,090,000	902
Jail Health	43,100,000	157
Laguna Honda Hospital	352,400,000	1,395
Health Network Services	373,370,000	694
Primary Care	140,870,000	571
Population Health Division	173,100,000	569
DPH Operations	185,830,000	585
<b>Total</b>	<b>\$3,236,110,000</b>	<b>7,844</b>

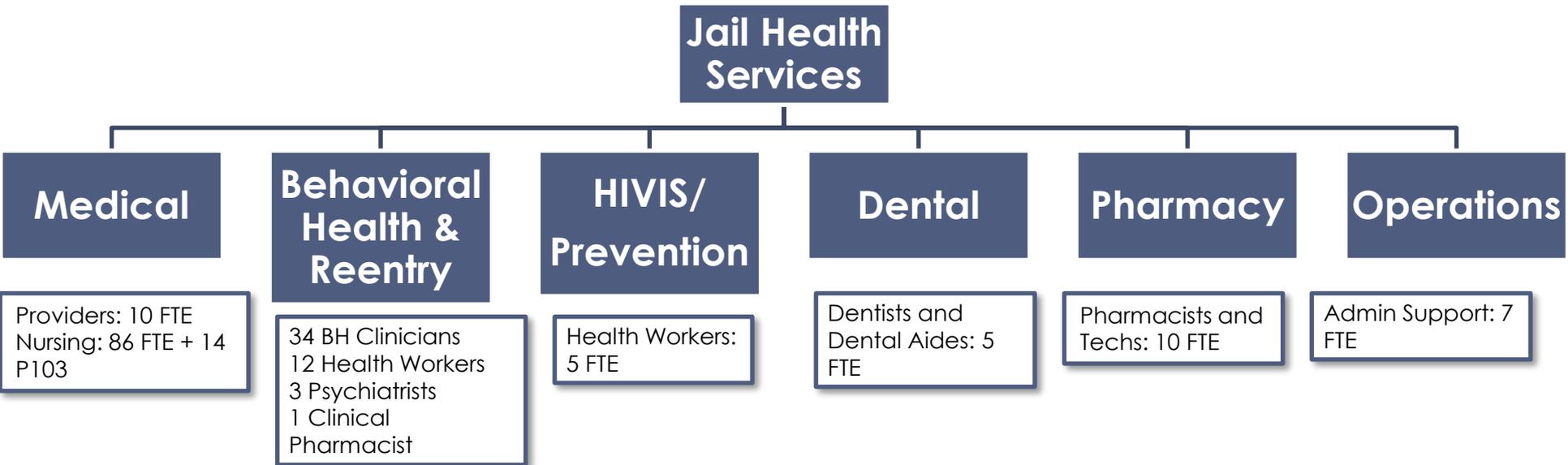


# JHS Budget FY23-24

\$43M



- salaries + fringe
- pro services
- pharmaceuticals
- medical, lab, office supplies
- rents & leases
- other expenses



130 FTE provide 24/7/365 care to a census of 850 people



# Current Vacancies

## Positions in Recruitment

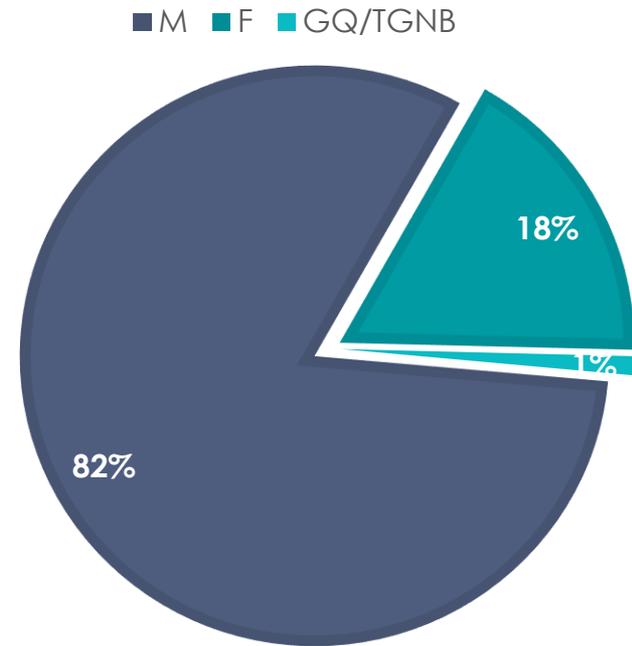
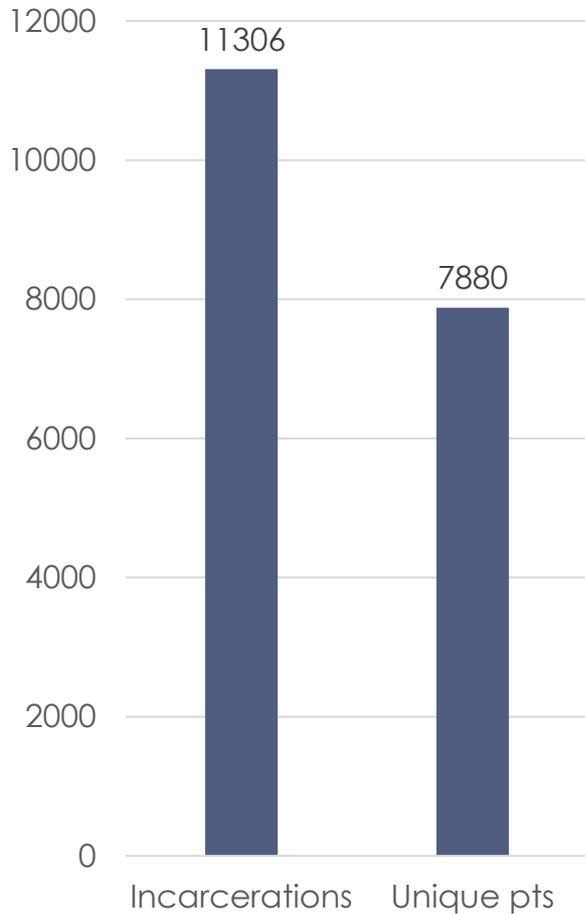
- 10 PCS 2320 RNs
- 2 PC 2312 LVNs
- 4 PCS 2587 Health Worker IIIs
- 2 PCS 2932 Sr Behavioral Health Clinicians
- 2 PCS 2930 Behavioral Health Clinicians
- 2 PCS 2586 Health Worker II
- 1 PCS 2589 Health Program Manager
- 2 PCS 1840 Jr Management Assistant
- 1 PCS 2332 Sr Physician Specialist
- 1 PCS 0923 Dir of Operations & Equity

## Positions in Onboarding

- 1 PCS 2320 RNs
- 1.8 PCS 2312 LVNs
- 2.8 PCS 2328 NPs



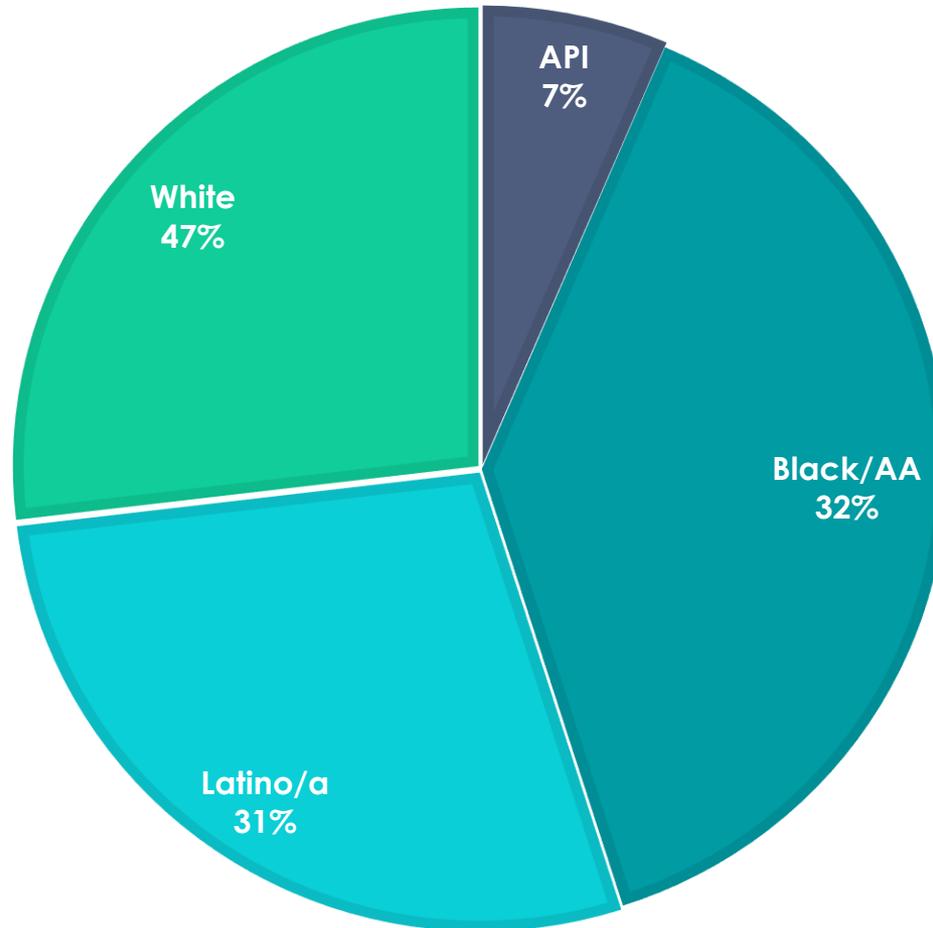
# Jail Admissions FY22-23



Sex and Gender Identity



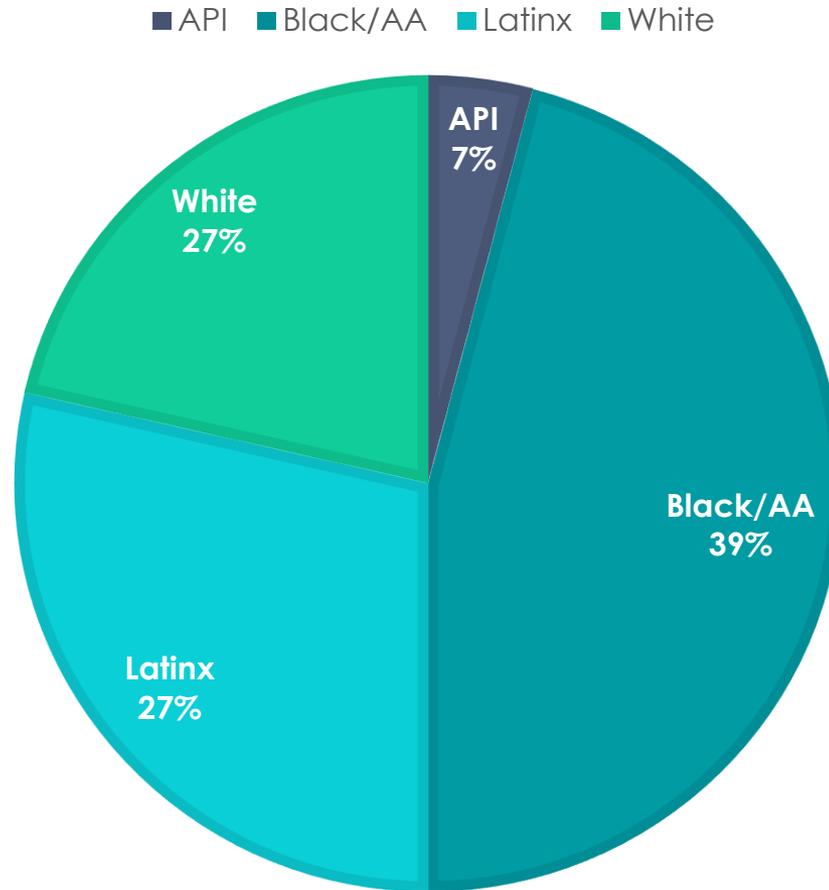
# Race/Ethnicity Booking FY 22-23





# Race/Ethnicity

## Point in Time 6.20.23





# Jail Health True North: FY22-23

QUALITY

SAFETY

CARE EXPERIENCE

WORKFORCE

FINANCIAL STEWARDSHIP

EQUITY

ACSection						
JHS	Increase number of people with OUD who leave jail and continue meds for opioid use disorder	Improve the rate of barcode medication administration	Timely access to appts (decrease waitlist)	Increase the percentage of JHS staff who recommend SFHN as a place to work	Increase revenue capture through CalAIM	Finalize and roll out Equity A3
	Reduce wait for JHS patients being admitted to a BHS/MH treatment beds				Decrease mandated overtime	

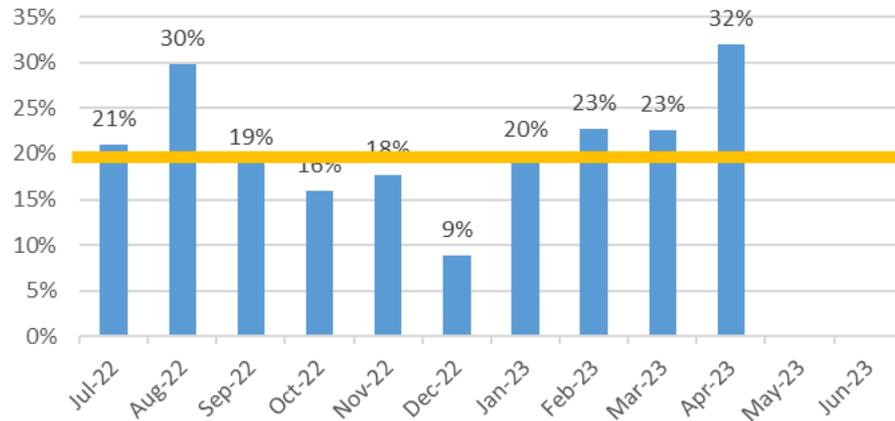


# Opioid Treatment Follow Up

## Steps to Success:

1. Screen all patients at booking for SUD
2. Monitor all who report Opioid Use for withdrawal
3. Begin medication to treat withdrawal
4. Education sessions with HIVIS Prevention Team – including OD prevention
5. Consult with medical provider to discuss on-going treatment
6. Consult with patient navigator to create plan for connection at OBIC

%Pts on MOUD Who Attended a Community Follow Up Appt within 30 days of Release



MOUD: Medication for Opioid Use Disorder



- > **Staffing** – urgent need to fill vacancies
- > **Density of population** – 25% fewer beds since closure of CJ4 with increasing population
- > **DTS/IT/Epic optimization** – technical issues
- > **Rapid turnover** – 74% of patients are incarcerated for 7 days or fewer
- > **Adapting to emerging public health concerns** – ongoing collaboration with SFSO to keep population safe from illness and injury



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**THANK YOU**